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EDITED BY  
**J. V. C. SMITH, M.D.**

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THE  
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XLV.

WEDNESDAY, NOVEMBER 19, 1851.

No. 16.

THE PREVAILING FEVERS OF STEUBEN COUNTY, N. Y.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—I was pleased with the suggestion, in a late number of the Journal, by one of your correspondents, and seconded by yourself, "that when the yearly claim of our worthy editor is met, that of his subscribers should be also." I hope to see the suggestion acted upon; for to me your Journal derives its chief interest from containing reports of cases by physicians, engaged in active practice in different parts of the country, and witnessing them under the different circumstances caused by climate, epidemic and malarious influences, habits, customs, and the various local causes which have an influence in producing disease. I have often wished that physicians, when reporting cases, would not only report extraordinary, but ordinary, ones; that is to say, describe their observations in regard to any peculiarities in the course or the treatment of many of our common diseases—for it is with them we have the most to do.

In reading the medical works of different generations, we observe that various authors have advanced different views in regard to the cause, symptoms, and particularly in regard to the treatment, of the different diseases described. This might arise from two causes; viz., the changes which have been and are taking place in diseases, and the authors not understanding perfectly the disease they are describing. In either case it would involve a necessity of advancement in the science. As disease is not confined wholly to our large cities and towns, and every form and variety cannot fall under the observation of the most eminent physicians in our land; consequently observers, and I may add reporters, should not be confined alone to these persons and places. I am acquainted with many practitioners of medicine, of good common sense, close observers of disease, quick to perceive changes, or recognize peculiarities, eminently successful in their practice, and who have devoted a long life to this pursuit; yet never have reported a case, and when removed from the stage of action they will take with them the accumulated experience of years, and none that live after them will be benefited thereby. This should not be so. In order that the science of medicine shall progress, I contend that every physician, engaged in

actual practice, should contribute something from personal observation to further this object.

In accordance with these suggestions, I propose to give a slight sketch of the fevers which prevail in this locality, together with the treatment which I have found the most successful. A thousand others, perhaps, have witnessed the same, and yet my observations may not be without benefit as a means of comparison of the same disease in different localities.

Our fevers are of two characters; viz., bilious remitting or intermitting, and enteric or typhoid. The former appears to occur endemically, the latter epidemically. The former has its own particular locality. In order to better understand the cause of this peculiarity, it will be necessary that I give a general outline of the face of the country in my immediate vicinity. I am situated upon the Canisteo river, which is a small and naturally rapid stream running from west to east through a deep and narrow valley. The hills upon each side are very steep, and in many places forming nearly perpendicular bluffs and overhanging cliffs, which rise to the height of several hundred feet. The surface rocks of this whole region appear to be composed, almost entirely, of organic remains. Upon the hills the country is rolling, and in many places quite uneven, but well adapted to farming purposes; the soil being of a gravelly loam, clayey loam, and hard pan. The whole surface has been, and where not cleared is still, densely covered with forests of white pine, hemlock, beach, maple, chestnut, oak and hickory. Numerous small streams empty into the river at short intervals, forming deep and narrow valleys or ravines. There are very few marshes in this region, the soil generally being quite dry, and none worthy of note except what are connected with two small lakes entirely surrounded by woods, which are located upon the north hill about four miles from the river. It is in the vicinity of these lakes that the endemic of remitting and intermitting fever occurs, and it is worthy of note that no cases of this form of fever ever occurred in their vicinity until they were raised by a dam across the outlet; which caused them to flow a large tract of timbered land, which was soon killed by the action of the water, and is now slowly decaying, giving rise to the miasm which produces the above-mentioned endemics. The malarious influence extends but a short distance to the north, being intercepted by high hills and dense forests, but extends to the river upon the south, causing nearly every family included between them to suffer from its effects, either by frequent attacks of remitting or intermitting fever.

Although, as before stated, the river is naturally rapid, and little adapted to produce malaria, man has caused, to some extent, a miasmatic influence, by erecting numerous dams across it, principally for the use of saw-mills, which have caused this once rapid stream, by a constant succession of ponds, to become a very sluggish one. These ponds soon become filled with the slabs which are thrown from the numerous mills, and they are soon saturated with water and sink to the bottom. The action of the water quickly causes them to become covered with a slimy coating; and during low water many of them are exposed to the rays



of the sun, and while drying give rise to exceedingly unpleasant exhalations, by which, together with the miasm arising from the accumulated debris, a few sporadic cases of ague are produced.

The valley of the river appears to be rather a neutral ground, both kinds of fever occurring in different individuals. Those whose occupation causes them to be about the water have remittents and intermittents; and those engaged in other pursuits, generally have continued or typhoid fevers.

There is no peculiarity characterizing the bilious remitting fevers of this region, unless it be their uniform mildness, generally requiring very little treatment. They generally, and, so far as my experience goes, I may say uniformly, terminate in intermittent fever or convalescence in from one to two weeks. The former termination is by far the most frequent. The agues following remittents, and also those of an idiopathic character, yield readily to the use of sulph. quin. or arsenic in moderate doses.

There is one peculiar complaint caused by the modified malaria arising from the river, which I must not omit to mention, viz., periodic or neuralgic headache. Most of the cases have occurred in individuals living upon the river, or upon the adjacent hills. It occurs many times in persons who have never had ague, but oftener in individuals who at some period of their lives have suffered from that complaint. I cannot better describe it than to briefly state a case which occurred in my practice in the summer of 1849.

G. L., a man about 30 years of age, large and athletic form and robust constitution, and living some two miles from the river upon the south hill, called upon me at my office, and requested me to bleed him for headache. Upon inquiry I learned that he had been afflicted with a severe pain in his head for upwards of three weeks. He described it as a deep pulsating pain, passing from the anterior to the posterior part of the head, and commencing at 8 or 9 o'clock in the morning, and increasing in severity until the middle of the afternoon, when it would gradually subside, and by evening it would entirely have ceased. He would then remain free from pain until the next day, about the same hour. His pulse was natural, skin cool, tongue covered with a thin, dirty-colored fur, bowels rather torpid, and appetite somewhat impaired; but still, aside from the excruciating pain in his head, considered himself well. I opened a vein and bled him pretty freely, which relieved to some extent the pain. I then ordered him to take an active purge and use the cold douche to the head and sinapisms to the back of the neck. About the third day after, he again made his appearance and requested me to repeat the bleeding, stating "I had not taken half enough; and his head ached worse than ever." I demurred, but he insisted that "bleeding had always relieved him, and he knew it would do so again if I would only take enough." Accordingly, I again opened a vein and let it bleed until he was faint, and yet he experienced less relief than from the former. The next day he made his appearance the third time, and what with the bleeding, purging and headache, he looked miserable enough. The pain, instead of abating, had increased. It still retained

perfectly its periodic character, and yet this being the first case of the kind which had fallen under my observation, I did not recognize it at first as arising from a miasmatic influence; but from noticing its disposition to recur at certain regular periods, I was induced to use the sulph. quinine in doses of from one to two grains every four hours. This treatment was continued but a short time before the paroxysms of pain entirely ceased, and the patient has continued in good health up to the present time.

I have given this case, in preference to any other, to show the inefficiency of antiphlogistic remedies to remove this form of headache, even when occurring in the robust or plethoric. Since that time, cases of this nature have been of very frequent occurrence in my practice; and some of them have been of such severity as to cause a temporary delirium. The old and the young, the weak and the strong, are alike its subjects. It generally is of the quotidian form, but in a few instances the tertian. The pain varies in different cases; sometimes being confined to one side of the head or to one eye, at others occupying nearly the whole head; and it generally is of a pulsating or throbbing character. In one case the pain was paroxysmal, occurring every ten or fifteen minutes, and lasting from one to five minutes; causing the patient to scream out with agony. These paroxysms continued only through the day. A few and but a few cases are preceded by a chill, but I have never observed it to be followed by fever. Sweating sometimes occurs during the night.

*Cause.*—As before intimated, I consider the cause to be identical with that of the intermittents which occur here, but of a modified character. The malaria arising from the river would seem to be not sufficiently concentrated to cause a full ague, except in such persons as are much exposed to its influence, or in those who are constitutionally predisposed by previously having suffered from this complaint; but sufficiently so to produce this peculiar form of cephalalgia.

*Treatment.*—The treatment is identical with that of ague. If possible, quinine is more of a specific in this affection than in the former; the case many times yielding to its use alone. I use it in doses of from one to two grains every four or six hours; of course adding such other constitutional treatment as the case may demand. I have treated upwards of thirty cases during the past season, none of which have failed to yield at once to the use of that remedy.

*Enteric or Typhoid Fever.*—This form of fever occurs epidemically, and constitutes by far the majority of the fevers of this region. It occurs upon the hills north and south of the river, and occasionally upon the river, which, as before stated, appears to be the neutral ground; but the country beyond the influence of the malaria arising from the river and the before-mentioned ponds and marshes, is more especially visited by it. It occurs at all seasons, but more frequently in autumn and winter.

*Time of Life.*—Persons between the ages of 20 and 30 years are more frequently the objects of its attack; but old age, and even childhood, are not exempt.

*Symptoms, Course, &c.*—The disease sometimes begins abruptly with

a chill, followed by severe pain in the head, back and limbs; and the fever is characterized by prominence of symptoms, full and frequent pulse, hot and dry skin, restlessness, great thirst, &c.; but it much more frequently comes on insidiously, and increases gradually, so that it is often impossible to fix the precise point of commencement. The patient perhaps complains of weariness, general uneasiness, languor, loss of appetite, slight pain in the head, occasional slight chills, alternating with flashes of heat; the pulse accelerated, tongue covered with a thin, whitish fur; and these symptoms continue, with a slowly-increasing intensity, for several days, sometimes even for a week or ten days before the patient feels himself sufficiently ill to take to his bed. The disease being now under way, exhibits the usual symptoms of fever: hot and dry skin; frequent pulse; generally severe pain in the head, and great general weakness. The pulse, in cases commencing in the latter manner, has much less firmness than when commencing in the former. The patient sometimes has a feeling of universal soreness, as if bruised or greatly fatigued. These symptoms continue with little change, except a gradual increase, for several days. The pulse becomes more frequent and less strong, the skin acquires greater heat, and the countenance assumes a peculiar dusky and stunned appearance; the patient exhibiting but little anxiety about the result of his case. The bowels become more and more loose, until the characteristic diarrhoea is established—the discharges being thin, frequent, and of an ochrey color. There is sometimes severe pain in the bowels, especially in the right iliac region, which is increased by pressure; at others the pain is inconsiderable. Generally a slight degree of tympanitic distension is discovered by percussion, with a gurgling sound upon pressure of the hand. A cough frequently sets in, either dry and harassing, or accompanied with a slight frothy mucous expectoration, and the physical signs of bronchitis are discovered by auscultation. Such, ordinarily, is the course until about the seventh to the tenth day from the complete formation. Other symptoms are now superadded. The tongue, which had hitherto been slightly furred and moist, now becomes more thickly coated and at first clammy, then dry and brown, particularly through the centre, and is protruded, with a hesitating and trembling motion, often sticking to the teeth, which are dry and frequently loaded with sordes. The abdomen becomes more tympanitic, and if examined will often be found to be covered with small red points resembling flea-bites. The headache, which had been so tormenting to the patient, now subsides; but is often superseded by delirium, which at first occurs only when the patient is waking from sleep, but in severe cases it soon becomes constant. It is generally of a mild character; the patient talking incoherently about his business, or imagining he sees persons about him with whom he seeks to hold a conversation. They generally imagine themselves absent from home, and often try to get up to go there. When asked questions in a firm tone, they will give a rational answer, and appear to converse quite coherently for a few moments, when they will relapse into their former state. Delirium is a very unpleasant symptom, more particularly from the fears which it engenders in the minds of the friends of the patient;

and if any means can be resorted to for its removal, it is extremely desirable. The use of aqua ammonia was suggested to me by Dr. W. R. Crocker, of Cameron, for this purpose; and its effects have been most satisfactory in my hands. I give from ten to fifteen drops in sufficient sweetened water to destroy its acrimony, once in from two to six hours, according to the amount of delirium, and continued until it is moderated; and then giving it sufficiently frequent to keep the delirium controlled. I have never known it to fail of very much abating the delirium of this disease, if it did not entirely subdue it. I attribute its beneficial effects to its directly stimulant and antispasmodic action upon the debilitated nervous centre.

If the disease continue, a complete typhous condition is developed; the tongue becomes drier—perhaps gashed and sore, with more and darker sordes upon the teeth and lips; the pulse becomes more frequent and feeble; starting of the tendons; picking at the bed-clothes, or perhaps the lips and teeth; boring the nose and ears with the fingers; muttering half-formed sentences, or exhibiting nearly a profound coma. Finally, if the case is to end unfavorably (which has been a rare result), all of these symptoms become aggravated; the pulse gives way, and becomes excessively frequent and fluttering; the extremities become cool and clammy, and sometimes purplish or mottled; the countenance assumes the Hippocratic aspect, and life is quietly and almost imperceptibly extinguished. Some few cases have proved fatal from hemorrhage from the bowels.

When a favorable termination is about to take place, the pulse becomes less frequent, skin cooler, tongue moister and cleaning at the tip and edges; the stupor and delirium subside, and the patient pays more attention to things around him; he exhibits some desire for food, at least less aversion for it is displayed. Generally there is a lateritious deposit in the urine, together with a general perspiration, before convalescence is fully established.

I have observed quite a number of cases which had been severe and protracted, whose termination was quite different. The tongue, instead of cleaning gradually, appeared to cast off its coat in large flakes, leaving the surface with a patchy appearance or a clean bright red, and entirely divested of the papillary structure, looking as if it had been ironed. Partial sweating generally accompanies this state of the tongue, and the pulse continues more frequent than when it cleans in the natural manner. This state I had always found to be a very tedious one to manage, particularly if the tongue continued dry, until I commenced the use of the oil of turpentine, as recommended by Wood in his *Treatise on the Practice of Medicine*. I have found the use of this remedy, in doses of from five to twenty drops in an emulsion every two or three hours, operate like a charm in this particular state.

I have now described the most common course of this complaint, according to my observation; but as I have noticed several variations from the general course, I will briefly mention a few of them.

I have just been treating a case in a middle-aged man, who had all the usual premonitory and forming symptoms, until about the ninth day,

when his skin became as cool as natural, the pulse ranging from 50 to 60 per minute; and yet the other usual symptoms of enteric fever continued; such as clammy and dry tongue, diarrhœa, dulness and hebetude of mind, duskiness of the complexion, slight delirium, and rose-colored eruption upon the bowels. It terminated by recovery about the 21st day, with the usual critical evacuations from the skin and kidneys. This was an interesting case to me, from the fact of there being a total absence of febrile action after the eighth or ninth day. I could not have conceived, ere this, how a fever could continue, and yet there *be no fever*. There were four other well-marked cases which occurred about the same time, in the same house and one closely adjoining.

A second case was a young lady, about 17 years of age. She was attacked with the usual premonitory symptoms, which continued until about the same period in its course as the former case, when the skin became cool, but unequally so—one extremity being cool and the other warm; one cheek cool and pale, and the other hot and red, and frequently changing. The heat in no part, and at no time, was raised much above the natural temperature. The tongue was covered with a thin coat, inclining to be dry and brown; pulse ranging from 120 to 140 per minute; diarrhœa, dulness and hebetude of mind, and finally delirium; severe cough, and raising a copious frothy and viscid sputa. This case continued twenty-eight days, and terminated in convalescence in the usual manner. The latter case was singular, in the lack of heat, and also in another circumstance which I have omitted to mention, viz., the absence of the great general prostration which almost universally attends this complaint. Until the last week there was no day but that she was able to walk from room to room. In neither case was the absence of heat to be attributed to a more than usual typhoid state.

*Effects upon other Diseases.*—I have observed that inflammatory diseases are much less frequent during the prevalence of this disease, and for some time after the epidemic abates; and when they do occur the attending fever is more of an adynamic character, and bears but very little bloodletting. I have seen frequent cases of severe pleuro-pneumonia in persons of good constitution, where the pain was severe, expectoration characteristic (i. e., brick-colored and viscid), and yet the loss of from one to four ounces of blood would produce faintness. In very many and severe cases, I can safely omit general bloodletting entirely, and depend upon cups, antimony and mercury.

I have noticed one other peculiarity, during and since an epidemic of this fever which visited this region a year ago the present fall, which I have, perhaps erroneously, attributed to the general epidemic influence existing in the atmosphere, viz., the unusual number of abscesses, swellings and boils, which have come under my observation. I think I can safely say I have seen more during the past year than in the four years preceding.

*Treatment.*—There are three classes of remedies in the treatment of this disease, which *experience* has taught me may be used very much to the detriment of the patient, viz., cathartics, mercury, and tonics and stimulants.

There appears to be such a predisposition to diarrhœa in this complaint, that the use of cathartics (particularly the more active kind) is very injurious. They aggravate the diarrhœa, exhaust the strength, and thereby prematurely develope typhoid symptoms. This class of remedies is more frequently abused by the friends of the patient, than by the physician; we generally finding the patient to have been abundantly *physicked* when first called.

I have observed that mercury, when given in this complaint in large or even ordinary doses, does not produce its usual effect upon the salivary glands; their secretion appearing to be diminished rather than increased. The parotid glands frequently become excessively inflamed and painful, and followed by enormous swelling from its use; and yet the tongue remains perfectly dry, with an almost entire absence of saliva in the mouth. It is only in quite small doses that I have found this remedy beneficial as an alterative in this disease.

The third class of remedies, tonics and stimulants, in my opinion are oftener misapplied than the two former. This is done by two classes of practitioners: the first failing in their use from not being good discriminators of the symptoms indicating them; and the second from holding the view that the disease is one of debility, and needs the use of tonics to support the strength; consequently, when they perceive the first signs of prostration, tonics are freely resorted to, and that with but little regard to the amount of febrile action still existing. I have always found this class of remedies, when used while there was any great amount of heat and dryness of the surface, to hasten the state of collapse; causing the tongue to become drier, the skin hotter, the pulse more frequent, more delirium; and yet, with all these warnings, their use is often persisted in.

Notwithstanding the injury these remedies are capable of doing when misapplied, yet when given in the proper dose and at the proper time, they are indispensable in the treatment of this disease.

In giving my method of treating typhoid fever, I may be only reiterating that of very many (and I might add most other) physicians; and yet, if I do not advance any new idea, my testimony may add strength to an *old one*.

When called early, and the patient has not already been purged (which is rarely the case), I give a cathartic, the size of the dose being regulated by the state of the bowels; for which I generally use calomel, followed in a few hours by a moderate dose of *ol. ricini*. In a few instances, I have premised emetics; but have never seen beneficial results sufficient to warrant me in very often resorting to them, except there be some condition of the stomach which demands their use. After the bowels have been evacuated, I give from five to ten grains of nitrate potassa, dissolved in half an ounce of some mucilaginous fluid, from every two to three hours, according to the amount of febrile action existing. If it disturb the bowels, a few drops of *tinct. opii* may be added, or, which is equally as well, a small Dover's powder given occasionally; and from eight to ten grains of the same to be given at bed-time, to promote sleep and perspiration. If the patient sleep quietly, I direct the



attendant not to awaken him, even to give medicine. Let a person in health be waked every hour in the night, for several nights in succession, and he will feel the need of a physician, and one, too, who would prescribe *sleep*. I believe it to be equally as necessary for the sick to have quiet and undisturbed rest; of course providing there be no contra-indicating circumstance. If there be much heat of the skin, frequent sponging of the entire surface with cool and even cold water I have found to add greatly to the comfort of the patient, and moderate very much the action of the fever. When there is severe pain in the head, I place a wash-tub by the side of the bed, and have the patient's head supported over it while an attendant pours water from a pitcher upon it. This should be continued for some time, if it does not produce chilliness. I have found this remedy to generally moderate the pain, and in several instances I have found it entirely and permanently remove it.

In this complaint, when there is a high grade of febrile action, with great heat of surface, there has been no diaphoretic which I have used with such satisfactory effects as the nitrate of potassa. It combines several valuable properties, viz., refrigerant, diaphoretic and diuretic. I find but few cases where it will not be borne, if given (as before described) in a mucilaginous fluid.

I generally pursue this course, with such modifications as the case may seem to demand, until what might be safely termed the second stage begins to make its appearance. This is indicated by the symptoms before described as occurring at this period; such as a clammy and then dry brown tongue; pulse more frequent and smaller; diarrhœa; tympanitic and tender state of the abdomen, slight delirium, scanty and high-colored urine. These symptoms indicate the general derangement of all the secretions, and call for the use of alteratives. I now commence the use of mercury in small and frequently-repeated doses. I either use calomel in doses of one eighth to one fourth of a grain every two to four hours, according to circumstances, and combined either with Dover, or ipecac. and camphor, or the blue mass, in proportionate doses and with the same combination. The acetate of ammonia with sweet spirits of nitre may now be substituted for the nitrate of potassa. I have often seen the most happy effects from the use of mercury in these diminutive doses in the before-mentioned state. The tongue would become moister, the skin cooler and softer, and the urine more copious and less highly-colored, or throwing down a lateritious deposit, denoting that the secretions were becoming unlocked and approaching their normal state. In other cases, as the disease advances, other and stronger symptoms of prostration develop themselves, which demand the use of remedies calculated to support the flagging powers of nature. The period at which it becomes necessary to have recourse to these remedies varies greatly in different cases. Sometimes, in very feeble constitutions, or during typhous epidemics, it is very early after the commencement of the disease; but much more frequently it is not until some time in the third week. In resorting to the use of tonics and stimulants, I find it is necessary that we be influenced by the state of the pulse, that of the skin, and the general evidence of a typhous condition of the system. I have

generally found them well borne when the skin became cool, the tongue and teeth encrusted with dark sordes, starting of the tendons or subsultus, tremors, and particularly if the pulse be feeble and have diminished somewhat in frequency. But it much more frequently happens that the pulse is very frequent while it is weak, and the skin remains at least partially hot; and even under such circumstances I have often found them beneficial. I sometimes pursue a tentative course. When I discover they increase the frequency of the pulse, heat of the skin, and dryness of the tongue, I immediately suspend them. On the contrary, when I discover them to diminish the frequency and increase the fulness of the pulse, relax the skin and tongue, moderate delirium, and relieve nervous disorder, I consider them acting favorably. I generally employ the milder kinds first; such as the infusion of serpentaria, with a little sweet spirits of nitre; and if this produce no unpleasant symptoms, and the case appear to demand it, I then resort to the use of sulph. quinine in doses varying from one half to two grains from every two to six hours, according to the urgency of the case. By adding a small amount of tannin to each powder, the bitter taste is almost entirely destroyed, and it is thus rendered more acceptable to the palate. When a more diffusible impression is indicated, I have frequently resorted to wine-whey, carb. ammonia, &c. In several cases where there has been great prostration, I have resorted to the more powerful influence of brandy, and in a few instances I have had to administer it in large quantities.

For diarrhoea, I have used the acetate of lead, tannin or kino, alone or combined with some of the preparations of opium.

There are various local and incidental complications which frequently exhibit themselves during the course of the disease, the treatment of which may with propriety be omitted in an article of this kind.

I have observed the general rules in regard to diet, cleanliness, ventilation, &c., laid down by most of our writers upon this subject.

The above general course of treatment, so far as medicines are concerned, is that which has appeared to me most successful in the treatment of this disease. During the past season I have treated upwards of twenty cases in this manner, but one of which died, and that a child 3 years of age.

S. MITCHELL, M.D.

*Cameron Mills, Steuben Co., N. Y., Oct. 20, 1851.*

#### SUCCESSFUL TREATMENT OF A CASE OF PULMONARY DISEASE.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—I forward for publication the following interesting case of pulmonary consumption, complicated with disease of the liver and kidneys, and the treatment adopted.

Nov. 1, 1851.

J. X. CHABERT, M.D.,

431 Grand st., New York.

W. F. Devoe, the subject of this report, is a young man, nearly 21 years of age, and recently married. He is tall and slender, has a contracted chest, is of sanguine temperament, light complexion, and red

hair. He resides on a farm in the village of Bushwick, Queens County, Long Island, N. Y., where he was brought up. Some time ago he opened a dining saloon in New York, and to the frequent changes from heat to cold to which he was subjected in attending to his business, he attributes the origin of his disease, as he had previously enjoyed excellent health. He was first attacked with bilious remitting fever about the first of April, 1851, and was attended by several skilful and experienced physicians. I am informed by them that they attended him during the months of April and May, and that during this time he was troubled with a dry cough and flying pains through the region of the chest, in addition to the fever. They were successful in abating the fever; but the cough increased, and inflammation of the lungs set in and rapidly terminated in ulceration. This was accelerated by his attending the wedding of a friend, where he indulged in too much wine, and consequently exposed himself to a fresh cold, which completely prostrated him. The disease progressed rapidly. His left lung became hepatized, and his physicians gave up his case as hopeless, and daily expected to see him expire. His friend then sent for me. I first saw him on the 29th of June, 1851. I found him in bed, unable to raise himself. He had Hippocratic, emaciated countenance, his pulse was small and feeble, with a dry cough and periodical fever. He expectorated a dark-blue, tenacious matter, which sank to the bottom of a tumbler of water when he spat into it, and he was scarcely able to articulate.

On carefully examining him I found his left lung entirely hepatized, and ulceration had commenced on the right lung. His bowels were constipated, and he had great difficulty in voiding his urine. For the purpose of relieving his bowels and kidneys he was ordered—*R. Gum ammoniæ, ʒjss.; ext. hyoscyam., ʒj.; ext. cinchonæ, ij.; syr. zinziber, q. s. M. Make 60 pills*—two to be taken night and morning. *R. spts. nit. dulc.*—six drops to be taken every two hours. After taking this for two or three days, his bowels became regular and his urine passed freely. I then commenced giving him the syrup, published in the *Boston Medical and Surgical Journal* of October 22d, 1851. After taking it a few days, his cough became soft and easy, and his pulse rose. This practice was continued for a few days more, when he was able to sit up in bed. I then, in addition to the syrup, gave him the "*Paste Althæa*." This treatment was continued for two weeks more, with evident benefit. The fever entirely subsided, as also did the night sweats; his countenance assumed a cheerful aspect, and he evidently was rallying. In order to increase the action of the liver, I now ordered—*R. Ext. graminis, ext. taraxaci, āā ʒj.; bi-carb. sodæ, ʒij.; aquæ, ʒviij. M. Dose*—table spoonful three times a-day. When the bowels became too active, give the above without the soda. His bowels now became regular, the urine free, with an increase of appetite; strength gradually returned, and he was able to sit up in an easy chair, with his feet elevated on another, which was done in consequence of the soles of the feet being so tender as to hinder him from placing them on the carpet, and because he had a strong disposition to œdematous swelling of the feet and legs from debility. For this, I ordered his feet and legs to be rub-

bed frequently during the day with—*R. Aquæ ammonia*, ℥ iij.; alcohol camph., ℥ ss.; *urias sodæ*, ℥ iij.; *aqua*, ℥ xxxij. *M.* and filter. Also *R. Spts. nit. dulc*—take six drops three times a-day. In order to remove the pains in his chest, I ordered the liniment above to be freely used over that region, and had his feet and legs bandaged from the toes to the knees.

This treatment has been followed out through the case, and it has been so far successful that at first he was able to walk about his room, and when the weather was favorable, to get in and out of a carriage alone, and take an airing. Owing to some imprudence in diet, he was about three weeks ago attacked with an excessive hemorrhage from the hemorrhoidal veins of the rectum, to which he had been subject. This was so excessive that I was fearful that he would sink under it, in consequence of his previous exhausted state; so I ordered—*R. Acetatis plumbi*, gr. xxx.; *ext. cremaria*, gr. xx.; *ext. kino*, gr. xx.; *tr. opii*, ℥ ij.; *aquæ*, ℥ viij. *M.* A tablespoonful to be taken every two hours till relief was obtained. After the third dose no occasion was had for its further use. I then ordered as a laxative—*R. Pulv. rhei*, gr. xv.; *bi-carb. potassæ*, gr. x.; *aquæ*, ℥ j. *M.*—and continued the former treatment of the syrup, paste, and solution of the extracts. His cough entirely left him; he had no pain in the chest, he was free from fever, had a good appetite, and was apparently recovering, when he very imprudently indulged in a hearty dinner of roast duck, roast pigeon, and drank of some new wine made of the Malaga grapes raised on Long Island, which some friend had sent him. This produced such an excitement in his system, as to cause a rush of blood to the head and apoplexy. He had five fits before I saw him. He was relieved by a spontaneous hemorrhage from the nose, and I ordered—*R. Ammonia aromatica*, ℥ ss. Six drops to be taken every four hours; and after reaction had taken place—*R. Pulv. jalap*, gr. xv.; *sup. tart. potassæ*, ℥ j.; *aquæ*, ℥ ij. *M.* This relieved his head, and then he returned to his old treatment again, and is now as well as before the attack of apoplexy. His appetite is good, stools regular, no pain in the chest, no cough, no fever, and, with the exception of the want of strength, perfectly well. I will report to you any change which may take place, should any occur.

I wish this case published, as it demonstrates the powers of the syrup published in your Journal; and I hope it may lead my brother practitioners to try it in the cases which come under their charge, where there exists a predisposition to pulmonary consumption, or where ulceration has recently set in.

#### TEMPERATURE AND HEALTH IN MISSOURI.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—Knowing that you are anxious to get all the information possible with regard to the medical statistics of our country, I send you a copy from my memorandum book of the range of the thermometer for the months of July, August, and September. You will see that July was

the warmest month we have had, and there was less sickness during that month than either month of the three. August was very rainy, with some intermittent and remittent fevers; but during September the fever prevailed to a great extent, with more sickness during that month than any for the last five years.

July 1, 70 deg.	July 12, 90 deg.	July 23, 81 deg.
" 2, 72	" 13, 90	" 24, 88
" 3, 69	" 14, 90	" 25, 92
" 4, 80	" 15, 91	" 26, 90
" 5, 78	" 16, 86	" 27, 90
" 6, 87	" 17, 82	" 28, 86
" 7, 89	" 18, 78	" 29, 80
" 8, 87	" 19, 74	" 30, 78
" 9, 81	" 20, 70	" 31, 82
" 10, 82	" 21, 79	
" 11, 88	" 22, 78	

Mean temperature of this month, 82 degrees and a large fraction.

Aug. 1, 80 deg.	Aug. 12, 84 deg.	Aug. 23, 84 deg.
" 2, 76	" 13, 74	" 24, 85
" 3, 74	" 14, 76	" 25, 87
" 4, 70	" 15, 78	" 26, 74
" 5, 78	" 16, 92	" 27, 76
" 6, 74	" 17, 74	" 28, 82
" 7, 76	" 18, 74	" 29, 82
" 8, 84	" 19, 75	" 30, 84
" 9, 75	" 20, 80	" 31, 86
" 10, 74	" 21, 78	
" 11, 84	" 22, 80	

Mean temperature for this month, 78 degrees and a fraction. Very wet, with some cases of cholera in the country.

Sept. 1, 88 deg.	Sept. 11, 88 deg.	Sept. 21, 78 deg.
" 2, 90	" 12, 83	" 22, 34
" 3, 88	" 13, 90	" 23, 70
" 4, 89	" 14, 68	" 24, 70
" 5, 90	" 15, 70	" 25, 70
" 6, 88	" 16, 76	" 26, 66
" 7, 90	" 17, 74	" 27, 63
" 8, 91	" 18, 80	" 28, 63
" 9, 88	" 19, 76	" 29, 68
" 10, 86	" 20, 72	" 30, 76

Mean temperature of September, 80 degrees, and having, during the month, the warmest and coldest day for the three months, with a very great amount of sickness.

Z. T. KNIGHT.

Monticello, Lewis Co., Mo., Oct. 30, 1851.

#### TREATMENT OF PHTHISIS PULMONALIS.

FROM A CLINICAL LECTURE BY PROF. J. H. BENNETT, OF EDINBURGH.

THE general indications to be followed out in the treatment of phthisis pulmonalis, are, first, to support the general nutrition of the economy—

second, to keep down local irritation—and third, to avoid all those causes which can deteriorate the constitution, on the one hand, and induce pulmonary symptoms on the other. The first indication is to be followed out by cod-liver oil, good diet, exercise, and all those means which are necessary to keep up a vigorous nutrition. The second indication is to be met by counter-irritation, and the third by hygienic regulations, an equable climate, and attending to all those precautions liable to prevent “catching cold.” Could all these indications be carried out, I feel satisfied the cure of phthisis would be more frequent; but in the treatment of this disease the physician has to struggle not only with the deadly nature of the disorder, but with numerous difficulties over which he has no control, such as, among the poorer classes, the impossibility of procuring good diet, and the thousand imprudences not only they, but the majority of cases, are continually committing. Then another great difficulty is, to convince the patient that, notwithstanding the removal of his urgent symptoms, the disease is not cured, and that these will return, if the causes which originally produced them are again allowed to operate. Sometimes I have found it difficult to keep hospital patients in the house when they are doing well, at other times they are sent out in accordance with certain regulations which oblige the admission of more acute cases.

But the great difficulty we have to overcome in this climate, after all, is the frequent variations of temperature, and the sudden changes from fervent heat to chilling cold. Supposing that you have the means of supporting nutrition and keeping down local irritation, it is by no means certain that good will be accomplished, from the impossibility of securing those hygienic regulations and that equable climate, which are necessary to carry out the third indication. In the first place, nutrition itself is more connected with proper exercise and breathing fresh air than many people imagine. It does not merely consist in stimulating the appetite and giving good things to eat. It requires—1st, food in proper quantity and quality—2d, proper digestion—3d, healthy formation of blood—4th, a certain exchange between the blood and the external air on the one hand, and between the blood and the tissues on the other—and 5th, it requires that there should be proper excretion, that is, separation of what has performed its allotted function and become useless. *All* these processes are necessary for nutrition, and not one or more of them—they are all essentially connected with, and dependent on, one another; for supposing that we can procure everything but pure and balmy air, still if that be deficient, the great problem of the cure of consumption cannot be worked out.

Now, it has been proposed that the Crystal Palace should remain, and be converted into a winter garden and public promenade. Not to speak of the intellectual and recreative purposes that such a plan would subserve, it is worthy of our consideration how far it would tend to promote health in general, but especially how it would conduce to the cure of phthisis. Its great advantage would be offering the means of exercise in a pure atmosphere, at an equable temperature. It is easy for us, by confining patients in a suite of rooms in which the heat is regu-



lated, to secure immunity from cold and change of air; but such a contrivance is most intolerable to the patient, the mind becomes peevish, which in itself is a powerful obstacle to the proper performance of the digestive functions. But above all, the body is deprived of exercise—that necessary stimulus to the appetite, respiration, and other functions. Some years ago, I succeeded in confining a consumptive patient to his room for an entire winter. His spirits suffered greatly; but on the whole he supported the imprisonment with resolution. Next winter, however, nothing could induce him to remain at home, and one day he rushed out of the house, ascended Arthur Seat, and was much better in consequence. Since then I have been convinced that, although by confinement you may gain some advantages, on the whole it is a prejudicial practice if rigorously carried out.

What is required in these cases is the means of exercise, whether on foot, on horseback, or in a carriage, where the patient is protected from cold winds, and where the mind can be amused by pleasant sights and cheerful conversation. Such is the case in all those favored localities considered best for consumptive people, and such would be the advantages derived from converting the vast enclosure of the Crystal Palace into a winter garden and promenade. Delicate individuals could be transported, by means of a close carriage, in the worst seasons, without difficulty to such a place, and on entering it could breathe for hours a pure, balmy air, meet their friends, take exercise in various ways, read, work, or otherwise amuse themselves. Such an out-door means of recreation, combined with careful hygienic regulations at home, would go far to remove many of the difficulties which we have to encounter in the ordinary treatment of consumption. So great would be the boon to the community, that, once established in London, we should soon see similar buildings in all the large cities of the kingdom. Indeed, the advantages are so obvious, that already the new hospital for consumption, erecting in Victoria Park, London, has procured the services of Mr. Paxton, to design for them an enormous green-house, or sanatorium, which is to form a part of the institution. It has also been suggested that some of the public squares in London should be covered in with glass for a like purpose, and I need not say how readily this plan could be carried out in Edinburgh.

All those interested in the health of the community, and in the successful treatment of the most common and fatal disease in this country, phthisis pulmonalis, must regard with great anxiety the question now agitating with regard to the permanency of the Crystal Palace. If, unfortunately, it should be removed, a great national means of cure will be cut off from our resources; whereas, if allowed to remain, I cannot but regard it as the commencement of a new series of sanitary improvements, which will go far to mitigate many of the evils which the nature of this climate produces in pulmonary cases.—*Edinburgh Monthly Journal of Medical Science*.

[The above suggestion in regard to covering with glass a public promenade or square in each large city, and reserving it as a sanatorium for invalids, is worthy the attention of every community.]

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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON, NOVEMBER 19, 1851.
 

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*Increase of Pauperism in Boston.*—From the Journal of the Society for the Prevention of Pauperism in Boston, the astounding fact is made known, that, while the native poor in Boston have decreased during the last five years about 37 per cent., foreign paupers amongst us have increased about 150 per cent. The citizens were taxed, in 1850, for expenses of supporting or relieving paupers, \$111,905, while the disbursements by the overseers of the poor during the year were \$30,200. The whole number of poor Irish attended by the physicians of the Dispensary the last year, ending Sept. 30th, was 2,277, besides 949 children of Irish parents. Since 1845, there has been a diminution of American population in Boston, of 1,755 persons;—while within the same period there has been an accession of 26,177 foreigners. The pauperism of Boston is thus due to importation. It is lamentable that the bulk of foreigners who are quartered upon the charitable institutions of the city, cannot be persuaded to go west, where there is land enough, and where their prospects would certainly improve. While they cling to our city almshouses, there is neither hope for themselves or their posterity. Deer Island and the Boston House of Industry are feeding and clothing many able-bodied men and women, who could as well labor as those who are taxed to support them.

The Society above named is doing much good by its efforts. It recommends the adoption of a new system, which if adopted would prevent much of the imposition now practised by unworthy applicants for relief, and secure assistance more efficiently to the deserving poor. Its main features are embraced in the following extract.

"Let there be one society, which will undertake to attend to all applicants for relief, and keep a complete registry of all persons assisted. Let this society be formed upon, and strictly carry out, the plans and principles of the 'New York Association for improving the Condition of the Poor.' This system is, it is believed, the only effectual one in operation to prevent imposition, and insure to the deserving poor certain and immediate relief. It districts the city, and divides the districts into sections; and each section is under the care of a visiter, who has from fifteen to twenty families under his charge, and all in the same neighborhood, so that he can visit the whole of them in a short time. In whatever part of the city an applicant applies for relief, he is, by means of a pocket directory, which shows the name and residence of every visiter, and the section under his care, and by means of printed blank tickets furnished by the association, directed to the visiter of the section in which the applicant resides; and he can get relief from no other."

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*New Treatment for Smallpox.*—Perhaps the following article, cut from the American Journal of Homœopathy, may be considered by some as useful as it is new; but most medical practitioners will be astonished that such nonsense can have advocates.

"*Vaccine virus*, when triturated in sugar of milk to the third potency, has been found efficacious in some cases of *smallpox*."

A gentleman, belonging to Boston, died at Calcutta about a year since,

under the following circumstances. His cook had recovered from smallpox, and while a few scabs were adhering to his fingers, washed a mess of rice in warm water—stirring the mass with the bare hand. Soon after, being boiled, the rice was served with other articles for dinner. The gentleman partook of it and immediately sickened, and the second day began to swell, while the skin assumed a bluish tinge that quite perplexed the medical attendants. Such was the fœtor of his breath, that it required some fortitude to remain long in the apartment with him. On the fourth day, we believe, the powers of the system gave way, and he died of a disease unlike any other known to the profession of Calcutta. The swollen condition of the body, the ulcerations of the mouth and throat, the pain, and the offensive character of the exhalations of the unfortunate man, excited the astonishment of all who witnessed his sufferings. The impression was general, that death resulted from having taken a small amount of smallpox virus into the stomach, that had come from the cook and adhered to the rice. If smallpox and kine pock are identical, as some erudite authors contend, disastrous consequences would be likely to follow the internal administration of either.

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*Army Meteorological Register.*—Dr. Lawson, U. S. Surgeon General, has placed us under obligations by forwarding the Meteorological Register for twelve years—from 1831 to 1842—compiled from observations made by the officers of the medical department of the army, at the military posts of the United States. It is a closely printed volume of 324 pages, comprising tables of the temperature, wind, rain, snow, fair weather, sunshine and clouds, in endless minuteness, and may therefore be of incalculable service to a particular class of students. "The department," says the Surgeon General, "has made no attempt to deduce any results from the mass of facts it has accumulated—it offers the collection of materials to those interested in the progress of meteorology."

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*Philadelphia College of Physicians.*—By some mishap, the last published quarterly transactions were mislaid—but it is not too late to comment on the labors of the college. The second paper, by Dr. Ruschenberger, on epidemics and meteorology, abounds in figures, and is very instructive to those who are fond of them; but rather too monotonous for most readers. Dr. Warrington's case of a double monster is extraordinary. Dr. Parrish always has something instructive. His article on mortality and insanity in the separate plan prisons, in England and America, should be placed in the hands of legislators. The author apologized to the college for the length of his communication, but it was quite unnecessary, for he was deserving of a special vote of thanks. It is an important article. Dr. Meigs's mechanical assistant, for ruptured urethra of females, and an instrument for retroverted uterus, show the value of experience and ingenuity combined. The observations by Dr. Meigs, which are conversational in character, are instructive. Dr. Hays and Dr. Pepper contributed cases highly interesting and suggestive. We have always regarded this periodical as a valuable, instructive publication.

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*Dunglison's Medical Lexicon.*—Messrs. Blanchard & Lea, Philadelphia, have published the eighth edition of this universally known medical dic-

tionary. Very few medical authors are gratified by such evidence of popularity—and we heartily congratulate the fortunate author on his success. It is unquestionably the best dictionary extant, as it embraces all the terms known in medical and surgical science, without being prolix and cumbersome. In this edition, Dr. Dunglison assures the profession that he has added about *four thousand terms*, not found in the last—and consequently the work is to that extent improved. We felt that even the first edition was a valuable aid; but the revisions which each successive edition has undergone, make the eighth a very copious and indispensable library assistant. Copies should be placed by the publishers in the vicinity of all the medical schools in the United States, for the demand will be active, we apprehend, for an improved edition of a work so well known.

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*Health of Natchez.*—Dr. C. S. Magoun, of Natchez, Mi., writes to us as follows, respecting the health of that place. His letter is dated October 27, 1851. It contains—as does also the one from Dr. Knight, on another page—a kind of information which we are always glad to receive from subscribers.

“The health of our city has been uniformly good, thus far, during the present year—not a single case of yellow fever or cholera. The total deaths reported of cholera since the disease reached this section of the country, amounts to only 23—a very small number, and showing that we have been highly favored. By a recent list of deaths made out for the last eleven years (embracing the hospital deaths of non-residents), the average annual mortality only amounts to a small portion over three per cent. The per cent. of mortality for all descriptions of fevers is about eleven per cent., and from consumption ten per cent. We regard this locality as eminently favorable to all pulmonary diseases, and especially to those of consumptive habits, emigrating from a colder to a warmer climate.”

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*Lithiasis in Russia.*—We learn from the Edinburgh Journal of Medicine, that at a recent meeting of the Swedish Medical Society, Dr. Grähs communicated the following notice regarding the prevalence of lithiasis in Russia. It would seem that calculous affections are much more common in that country than among us—more so even than in our south-western States, where they are supposed particularly to abound. Some of the Russian surgeons consequently have an extensive practice in lithotomy, their operations being much more numerous than those of Prof. Dudley, of Lexington, whose cases in the beginning of 1846 amounted to 185. It is thought that in this country urinary calculi are principally formed in limestone districts, the impregnation of the water with lime in those places being probably the cause. The following is Dr. Grähs's report.

“Lithiasis, and especially stone in the bladder, is a very common disease in Russia, and particularly in Moscow. It is not there, as with us, chiefly an affection which prevails among those advanced in years, and of the so-called better classes, or among children of the lower ranks, but it occurs in every station, and at all ages, especially among the middle classes, the peasants and the commonalty. Of the causes which conduce to this prevalence, much has been both said and written. Many believe that the affection arises from the quantity of quass which is consumed. (Quass is a liquor which, in its properties, has some resemblance to French

cider, and is prepared from barley, black bread, spices, &c., being used as generally as our small-beer.) In all probability, however, the cause is to be looked for in the qualities of the water, and in peculiarities of climate.

The most ordinary operative treatment is by lithotomy. In former times this operation was practised in Russia, as in other countries, by persons who rendered it an exclusive occupation, and whose art descended as a heritage in certain families, among which that of Benedictoff was particularly distinguished. At a more recent period, especially since the commencement of the present century, the duty was assumed by the regular faculty, and the method which was almost exclusively adopted, and is still employed by them, was the lateral section after the manner of Frère Come, with the *lithotome caché*. Amongst the surgeons now living in Moscow, who have performed the greatest number of operations of lithotomy, are Alphonsky, of the Foundling Hospital, who has had the good fortune to have operated forty-seven times in a single year, with the death of only a single patient; and Prof. Pohl, of the Catherine's Hospital, who has operated on not fewer than 1100 occasions. Assow, a pupil of Alphonsky, published in 1841 a dissertation on this subject, in which he has collated 3000 operations for the stone, performed since 1807, partly in Moscow and partly in Smolensk. Of these there occurred (from 1808 to 1837) 1471 in the Mary's Hospital at Moscow alone, regarding which a separate report has been published in Russian, which the reporter now presents to the society."

*Boylston Medical Society of Harvard University.*—At a regular meeting of the Boylston Medical Society of Harvard University, held November 15th, at the Mass. General Hospital, the following gentlemen were elected its officers for the ensuing year. Dr. Samuel Cabot, *Pres't*; John E. Hathaway, *V. Pres't*; H. R. Storer, *Sec'y*. Drs. Ware, Hayward, Shattuck, Homans, Bigelow, Jackson and Adams, *Trustees of its Fund*. Drs. Gould, Gordon, H. J. Bigelow, Parkman and J. M. Warren, *Committee on Prize Dissertations*. HORATIO R. STORER, *Sec'y*.

*Institution for Idiots.*—This important institution, located at South Boston, to which reference was made in last week's Journal, is about to lose the services of James B. Richards, Esq., who we understand has had the sole management of teaching in it since its commencement. He has resigned his office as superintendent, and is soon to open a private establishment of a similar character in Philadelphia.

**MARRIED.**—Dr. L. W. Wilkins, of Hancock, N. H., to Miss E. Wakefield.—At Salem, Mass., Dr. Geo. B. Loring to Miss M. T. Pickman.—Dr. Henry Plummer, of North Carolina, to Miss M. A. A. M. Jaquith.

**DIED.**—At Aurora, Ill., Oct. 17, 1851, N. Hurd, M.D., Prof. of Anatomy in the Medical Department of the University of Iowa. A memoir of the deceased, by Prof. G. W. Richard, will be furnished for the Journal at an early date.—At Blanford, Ms., Dr. Nathan Blair, 75.—At New York, Granville Sharp Pattison, M.D., Prof. of Anatomy in the University of New York.—At New York, John Kearney Rodgers, M.D., one of the surgeons of the New York Hospital.

*Deaths in Boston*—for the week ending Saturday noon, Nov. 15th, 69.—Males, 35—females, 34. Accidental, 1—apoplexy, 1—burn, 1—congestion of brain, 1—inflammation of brain, 1—bronchitis, 1—consumption, 19—convulsions, 1—cancer, 2—croup, 1—delirium tremens, 1—dysentery, 1—debility, 2—diarrhoea, 2—drowned, 1—dropsy of brain, 7—typhoid fever, 6—lung fever, 5—hooping cough, 1—disease of heart, 1—infantile, 7—marasmus, 2—teething, 2—unknown, 2.

Under 5 years, 32—between 5 and 20 years, 3—between 20 and 40 years, 16—between 40 and 60 years, 15—over 60 years, 3. Americans, 22; foreigners and children of foreigners, 47. The above includes 9 deaths at the City Institutions.

*Old Age.*—Many of the noblest efforts have been produced after the age of 50. Bacon published his "Novum Organon" at 59; Newton was 73 when he solved the problem of the trajectories in one evening; Milton was 59 when "Paradise Lost" was published; Locke published his great work at 58; Johnson wrote Rasselas at 50, his "Lives of the Poets" at 66, and his conversations, preserved by Boswell, show how active and unimpaired his mind was at 70; Wordsworth's mind does not appear to have been materially impaired at 80; at the very moment I am now writing (March, 1851,) the advice of the Duke of Wellington, past four-score, has been called for by Her Majesty, in great perplexity with the difficulty of forming an administration.—*BEALE on the Laws of Health.*

*Balloon Descent at a Lunatic Asylum.*—The veteran Green, having made his 485th ascent from Vauxhall-gardens, in the Nassau balloon, on Monday evening, accompanied by a party of gentlemen, effected a safe descent on the lawn in front of the Surrey County Lunatic Asylum. Many of the patients, who were enjoying their evening amusements, immediately assisted him in securing the balloon, and rendering him the required assistance. It being the intention of the company, which consisted of a party of military officers, again to embark at dawn of day on an aerial voyage, the descent was accomplished with scarcely any loss of gas. Balloon ascents being now of so frequent occurrence, they scarcely deserve any notice in a public journal, but it is with much pleasure that we record this, being a practical illustration of the great improvement which has been effected by Dr. Conolly, and others following his humane views, in the treatment of the insane in this country. Here a large number of afflicted persons immediately rendered the required assistance; and, although the extensive grounds soon became visited by neighbors from all directions, with whom they mixed, they cheerfully returned to the wards of the building, without any mischievous excitement from the event. Mr. Green and his friends having been received and made welcome by Dr. Diamond, they again ascended early in the morning, Mr. Green observing, it had never been his lot to alight in a more suitable or cheerful spot; his companions, some of whom had travelled much in foreign countries, expressing in very strong language the "immense humanity" now here displayed in the treatment of lunatics compared to similar establishments they had visited.—*London Times, Sept. 10.*

*Yeast in Malignant Scarlet Fever.* By T. S. BELL, M.D., Louisville, Ky.—The use of yeast in low forms of fever, dysentery, &c., has been commended several times in this Journal. It is, in its proper place, an invaluable remedy. In the "Medical Gazette," Jan. 10, 1851, Mr. Bennett, of Gateshead, says:—"After ammonia, the mineral acids, chlorate of potash, &c., have failed, and the application of nitrate of silver besides, one or two tablespoonfuls of fresh yeast frequently given (according to the age and malignancy of the case) has, in my practice at least, been quickly efficacious as an antiseptic and stimulant." Many years ago, the writer saw this remedial agent described in an old English magazine, by an Episcopal clergyman, in its remarkable efficacy in a typhus epidemic that had been very fatal up to the time the yeast was tried. The good effects were at once remarkable, and I have seen them abundantly confirmed in a great variety of cases, in the past few years.—*Western Medical Jour.*



## MEDICAL JOURNAL ADVERTISING SHEET.

**PURE MEDICINAL EXTRACTS.**—We would call the attention of Physicians, Apothecaries and Druggists, to our list of Pure Extracts and annexed testimonials.

96 John street, New York.

**Insipissated Alcoholic and Hydro-Alcoholic Extracts.**—Aconite, Butterburt, Belladonna, Bitter Root, Boneset, Burdock, Blood Root, Blue Flag, Boxwood, Conium, Camomile, Cohosh—black or blue, Clover, Cowparnip, Elandine, Digitalis, Dulcamara, Dock—yellow, Garget—or Yoke, Gentian, Hyocynus, Hardhack, Hops, Hellebore—black or white, Horehound, Indian Hemp, Lettuce—garden and wild, Lobelia, Mandrake, Malefern, Mullein, Oak—white, black or red; Poppy, Trilacosa Fine, Rue, Savin, Sassa-parilla—American, Eip Negro, or Compound; Thornapple, Wormwood; and other varieties frequently used, as soon as they can be reached. They are put up in 1 lb., 1-2 lb., 1-4 lb., 2 oz. and 1 oz. glass jars.

*Extract from a letter of Professor Clark, of the College of Physicians and Surgeons of New York, to the editor of the New York Jour. of Medicine.*

"I have lately visited the manufactory of these Extracts. After inspecting the whole process, and examining a large number of preparations, I became so fully persuaded that these gentlemen have fallen upon the best plan of concentrating and preserving the active principles, especially of the narcotic vegetables, that I have voluntarily offered to them my assistance that I can render in introducing their medicines to the notice of the profession; being persuaded that these Extracts must possess the efficiency and the uniformity of strength so necessary to the successful use of this class of remedies, and, I may add, as long sought for in vain. Should your conviction of the value of these preparations correspond with my own, after you have examined them and tried them in practice, perhaps you may think it due alike to the profession and to the gentlemen who are improving the instruments by which we work, to call the attention of your readers to the improvements which I cannot doubt this process secures."

"Medical Society of the State of New York.

"Resolved, That this Society having seen and examined, and several of them having used the various Vegetable Extracts, made by Messrs. Tilden & Co., of New Lebanon, New York, and being satisfied of the valuable character of these preparations, hereby recommend them to the members of the profession generally.

P. VAN BUREN, Secretary.

Albany, Feb. 6, 1850."

"Massachusetts Medical Society for Berkshire."

"Resolved, That this Society, having seen from various sources entitled to respect and confidence, commendatory notices of the excellency and purity of the various Medicinal Extracts prepared by the Messrs. Tilden, of New Lebanon, New York, and having tested them and used them ourselves, do most cordially recommend them to the medical profession.

H. H. CHILDS, President pro tem., and President of the Berkshire Med. College."

Jan. 25.

**GERMAN SALACINE.**—For sale at 160 Washington st., by PHILBRICK, CARPENTER & CO. Oct. 16.

**PURE CHLOROFORM.**—For sale by JOSEPH BURNETT, Apothecary, No. 33 Tremont Row. Jan. 5—1f

**SUPERIOR GUMS, RESINS, &c.**—Socotrine Aloes, Ammoniac, Guaiac, Myrrh, True Burgundy Pitch, sold by Nov. 6. PHILBRICK, CARPENTER & CO.

**IMPROVED ARTIFICIAL LEGS.**—Price, below the Knee, \$45.00; above the Knee, \$65.00. Also, artificial Hands and Arms, from \$35.00 to \$70.00 (all limbs warranted). These limbs are made useful to work at any employment, with our Improved Spring Instruments, which are attached or detached to and from the arm in one moment.

For the receipt of accurate measurement, a limb can be sent to any part of the Union or Canada, (a good fit warranted in all cases.) (Established 1849.) JAMES MILLER & CO.

Many years with Sheldrake, Bigg & Co., London, Surgical and Anatomical Mechanicians, 21-2 Bromfield street, (opposite) Boston.

References.—Drs. C. Warren, M. S. Perry, J. Mason Warren, S. D. Townsend, D. H. Storer, and J. V. C. Smith, Editor of the Boston Medical and Surgical Journal.

Jan. 1.—E3dwlyr

**DISEASES OF THE EYE AND EAR.**—Dr. J. H. DIX will, from this date, relinquish general practice, and attend exclusively to the medical and surgical treatment of Diseases of the Eye and Ear. Tremont street, opposite Tremont House. February 14, 1850. eptf

**NOTICE TO PHYSICIANS AND THE PUBLIC GENERALLY.**—The subscriber, aware of the difficulties practised in preparing and powdering Drugs and Medicines for the market, and the difficulty experienced in distinguishing the pure, has arranged to have most of these articles powdered in his establishment. Samples of drugs in their original state will be kept for comparison, and he has requested Dr. A. A. Hays, State Assayer, to analyze at any time such preparations as may appear of doubtful genuineness, before offering them for sale, the only insuring to physicians pure drugs and medicines.

WM. BROWN.

481 Washington, corner of Elliot street. N. B.—With the above arrangement all can be supplied with pure and undiluted medicines. Physicians of Boston and vicinity are invited to call and examine the above arrangement, and see samples of pure drugs and medicines. No one allowed to put up prescriptions except those of long experience and perfect masters of their profession.

The sale of all Fancy Goods and Confectionery is discontinued on the Sabbath. Prescriptions and family medicines sold as usual on that day.

Sept. 4.

**POND & MORSE.**—Dealers in Genuine Drugs, Medicines, &c., Main Street, Rutland, Vt. Physicians furnished as above at the lowest Boston prices. A large assortment of Glass Ware, Surgical Instruments, &c., always on hand.

N. B.—Patent Medicines not manufactured or sold Sept. 1, 1851. 830—1f.

**ROBINSON'S PATENT FERRARY**—may be obtained, Wholesale and Retail, of Aaron P. Richardson, M.D., No. 36 Green street, Boston. May 29—1f

**PURE COD LIVER OIL.**—carefully prepared only from fresh and healthy livers, by Joseph Burnett, Apothecary, No. 33 Tremont Row, Boston.

Dr. J. C. B. Williams, an eminent English physician, after prescribing it in 400 cases of consumption (in 234 of which he preserved full notes), states in the London Journal of Medicine—"As the result of experience, confirmed by a rational consideration of its mode of action, the pure fresh oil from the liver of the cod is more beneficial in the treatment of pulmonary consumption, than any other agent, medicinal, dietetic, or regiminal, that has yet been employed." June 18—1f.

**ELIXIR OF OPIUM.**—Made from the formula of the Philadelphia Journal of Pharmacy, and is intended to be a substitute for the "popular" medicine called McMan's Elixir. This is a preparation of Opium without Narcotine, and the strength is the same as Tinct. Opii. Manufactured by PHILBRICK, CARPENTER & CO.

Successors to PHILBRICK & TRAFFORD, Chemists. July 25.

**MICROSCOPES.**—Joseph Burnett, No. 33 Tremont Row (Agent for the sale of Spencer's Microscopes), has just received two instruments from this celebrated maker, which he offers for sale. Also, a full assortment of Alexander Bath's Preparations of Microscopic Anatomy. Jeds—1f.

**CANTHARIDAL COLLOIDION.**—A new Epi-pastic Remedy, and substitute for the ordinary preparations of Cantharides. It is speedy, convenient and powerful; can be applied to any portion of the body, and remain entirely unaffected by the movements of the patient. It requires the employment of neither leather or linen as in the use of the ordinary vesicating agents. Manufactured and for sale by PHILBRICK, CARPENTER & CO., Druggists, Jan. 23.—1f 160 Washington St.

**ENGLISH HERBS.**—Leaves of Hyoscinus, Belladonna, Conium, Digitalis and Aconite, for sale by PHILBRICK, CARPENTER & CO. Nov. 12.

**PHYSICIANS' OFFICE WARE AND UTENSILS.**—Mortars of wedgewood, iron, glass and porcelain; Pill Tiles, Pill Machines, Spatulas, Funnels, Scales and Weights, Graduated Measures, &c., for sale by PHILBRICK & TRAFFORD. Nov. 15.

## MEDICAL JOURNAL ADVERTISING SHEET.

**RARE CHANCE FOR A PHYSICIAN.**—A physician in Maine, with a practice of \$2,500 a year, offers to sell out on reasonable terms. Apply at this office. N19—11.

**DR. WILLIAMS** will commence his Annual Course on OPTHALMIC MEDICINE AND SURGERY, on Thursday, November 20th, 1881.

At the Clinical and other lectures, which will be illustrated by a large number of cases, gentlemen will have opportunities for becoming practically familiar with the diagnosis of the various forms of Disease of the Eye, and with the application of remedies.

Opportunities for witnessing operations will also be given.

**Terms**—Five dollars for the course of two months.

The first meeting of the class will be at Dr. Williams's residence, No. 33 Essex Street, on Thursday, November 20th, at 3 1/2 o'clock, P. M. N12—41.

For further particulars inquire at this office. 2\*

**CHIRRETTA**—A new Anti-periodic, just received by **PHILBRICK, CARPENTER & CO.**, 160 Washington Street, Boston. aug 6

**VERATRIA**, Aconitine, Salts of Morphia, and other Chemicals, from the celebrated chemist, Morson, sold by **PHILBRICK, CARPENTER & CO.** Nov. 13.

**COPARTNERSHIP NOTICE.**—The Copartnership heretofore existing between the subscribers under the style and name of *Philbrick & Trafton*, is this day dissolved by mutual consent.

The business of the late firm will be settled by **E. R. Philbrick**, at 160 Washington street.

**S. R. Philbrick,**  
**C. T. Trafton.**

**June 13, 1881.**  
The undersigned have this day formed a Copartnership, under the firm of *Philbrick, Carpenter & Co.*, and will continue the Drug Business heretofore conducted by *Philbrick & Trafton*, at 160 Washington street, Boston.

**SAM'L R. PHILBRICK,**  
**BENONI CARPENTER,**  
**LUTHER ATWOOD.**  
**June 13, 1881. June 18—11.**

**SURGICAL INSTRUMENTS.**—*Philbrick, Carpenter & Co.*, have for sale Pocket Cases of Instruments, Pocket Cases of Chains for carrying medicines, Cupping Cases, Dissecting Cases, Breast Pumps in cases, do. Gum Elastic, Nurse Bottles, Nipple Shields, Breast Pipes; Catheters, male and female, single and double, of silver and gum elastic; Bougies for urethra and rectum; Syringes, self and common; Maw's self-injecting Instruments; Pessaries; Hutchinson's Aperitive Fountain; Speculums, vaginal and rectal; Pill Syringes, for administering solids by the rectum; Stomach Pumps; Stomach Tubes, to be used with a common syringe; Glass Inhalers, for administering medicated vapors; Ramage's Inhaling Tubes; Teeth Forceps, Scarificators, Crain's Supporters, Shoulder Braces and Suspensory Bandages of every description. Nov. 13.

**EXTRACT OF HOP and Fluid Ext. of Pink and E. Senega, Valerian, Alex. Scenna, Rhubarb and Buchu.** Manufactured and sold by **PHILBRICK, CARPENTER & CO.**, Physicians' Druggists. Nov. 6.

**FRESH AND GENUINE DRUGS AND MEDICINES** of a superior quality, carefully prepared for physicians' use, and for sale on the most favorable terms, at 39 Tremont Row, Boston, by

**JOSEPH BURNETT,**  
(Successor to T. Metcalf.)  
**Feb. 10—11**

**MATICO.**—A fresh supply just received and for sale by **JOSEPH BURNETT**, No. 33 Tremont Row. Mch 1—11

**NAPHTHALINE.**—A new remedy highly recommended by M. Dupiquier, M. Rassinon and M. Enery, in various pulmonary complaints. Manufactured and for sale by **PHILBRICK, CARPENTER & CO.**, Chemists, 160 Washington street, Boston. 817

**DR. H. W. WILLIAMS** has removed to No. 33 Essex Street, opposite Rowe Street. Particular attention given to DISEASES OF THE EYE. Nov. 5—ep1.

**DR. J. V. C. SMITH**, Editor of this JOURNAL, may be found at his Office, in the basement of the Tremont House, Tremont Street. Nov. 5.

**REMOVAL.**—**DR. CHANNING** has removed to No. 21 Somerset Street. Oct. 23—4w. **WALTER CHANNING, M.D.**

**DR. BOWDITCH** will give, during the ensuing winter, his annual courses of instruction in *Practical Auscultation*, and in the *Diagnosis and Treatment of Thoracic Diseases*. Each course will consist of Clinical Lectures, Recitations, and of Auscultation in his wards at the Massachusetts General Hospital, and at two other large public institutions.

Terms for a course of two months, \$10, payable in advance.

**Dr. Bowditch** will likewise receive private pupils in Auscultation, for a longer period, on the following terms, viz.:—For a year, \$40; for a half year, \$25, payable in advance.

The first meeting of the Class will be held at the residence of Dr. Bowditch, 8 Olin Place, at 4 P. M., Monday, Nov. 5. Sept. 24, 1881.—ep2m

**SARATOGA POWDERS**—or Rochelle, Seidlitz, S and Soda Powders, one package equal to six boxes of the above—price 5 cents. These will be found a great convenience to travellers, persons residing in the country, invalids, and to all deprived of a soda fountain. Put up and sold by **J. RUSSELL SPALDING**, 23 Tremont Row, opposite Boston Museum. April 30—11

**TOBACCO OINTMENT, COMPOUND**—Prepared and sold by **PHILBRICK, CARPENTER & CO.**, Chemists, 160 Washington st., Boston. Nov. 21

**NEW PREPARATIONS.**—Tannate of Quinine, Chloride of Sulphur, Chloride of Arsenic, manufactured and sold by **PHILBRICK, CARPENTER & CO.** Oct. 16. Nov. 6.

**HERRING'S CROTON OIL**—for sale by **PHILBRICK, CARPENTER & CO.** Nov. 6.

**CHLOROFORM**, Concentrated Chloric and Sulphuric Ethers, for inhalation. Manufactured and sold by **PHILBRICK, CARPENTER & CO.**, Chemists and Physicians' Druggists. Nov. 6.

**MEDICAL PRESCRIPTIONS**—Compounded day and night by **PHILBRICK, CARPENTER & CO.**, Dispensers, 160 Washington street, Boston. Jy 16

**ROOMS TO BE RENTED.**—Two or Three Spacious Rooms, over our Apothecary Store, will be rented upon favorable terms, to a Physician, Dentist, or a Medical Association. **PHILBRICK, CARPENTER & CO.** Sept. 10—11 160 Washington Street.

**NEW UTERINE SUPPORTER**—Invented by **Dr. ROBINSON**, and far superior to his Improved Pessary—not liable to break nor corrode—small, worn with ease, can be applied by the patient, and answering all purposes, where mechanical support is needed. It has been examined, approved and used by many physicians. All are invited to call and examine it.

Sold only by **Dr. J. H. ROBINSON**, wholesale and retail, at No. 4 Montgomery Place, Boston. Jan. 22—ep1y

**VACCINE VIRUS.**—Physicians in any section of the United States, can procure ten quills charged with *Pure Vaccine Virus* by return of mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, post paid, without which no letter will be taken from the office. Feb. 5.

THE  
**Boston Medical and Surgical Journal**  
IS PUBLISHED EVERY WEDNESDAY,  
At 184 Washington St., corner of Franklin St.  
**J. V. C. SMITH, M.D., EDITOR.**  
**DAVID CLAPP, PUBLISHER.**

**Price.**—Three dollars a year, in advance; after three months, \$1.50; if not paid within the year, \$4. For a single copy, 8 cents.